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| SERIAL NUMBER 10/750,439 | FILING OR 371(c) DATE 12/31/2003 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. 0103-0027 (ZM0572) | |
| APPLICANTS Christopher M. Meek, Leesburg, IN; | | | | | |
| ** CONTINUING DATA ***** <i>TL</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>TL</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/01/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY IN | SHEETS DRAWING 2 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 6 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged | | Examiner's Signature <i>Thompson</i> | | Initials <i>TL</i> | |
| ADDRESS 43231 | | | | | |
| TITLE Offset orthopaedic driver and method | | | | | |
| FILING FEE RECEIVED 1028 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |